TRUST POLICY

B0691

Supervisors of Midwives Operational Policy

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All document profile details are recorded on the last page.

All documents must be reviewed by the last day of the month shown under “review date”, or before this if changes occur in the meantime.

FAST FIND:

- When and how to access a SoM
- SoM access and process for High Risk Women requesting Low Risk care
- Drug error management
- Practice Concerns
- Process for SoM investigations

DOCUMENT OVERVIEW:

The aim of this document is to describe the role of the SoM and detail local specific work of the SoM Team.

This document may be made available to the public and persons outside of the Trust as part of the Trust’s compliance with the Freedom of Information Act 2000
1. INTRODUCTION

Midwifery Supervision

Supervisors play a pivotal role in safeguarding and enhancing the quality of midwifery care provided to women and their babies.

Supervision is a statutory responsibility which provides a mechanism for support and guidance to every midwife practising in the United Kingdom. The purpose of supervision of midwives is to protect women and babies by actively promoting a safe standard of midwifery practice.

Supervision is a means of promoting excellence in midwifery care, through leadership and by supporting midwives to practise with confidence, delivering high standard of midwifery care therefore preventing poor practice.

Supervisors also have a role in advising and supporting women who use midwifery services; advocating for the right of all women to make informed choices and providing additional advice to women who are experiencing difficulty in achieving care choices. (Modern Supervision in Action)

2. DEFINITIONS

<table>
<thead>
<tr>
<th>Word/Term</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor of Midwives (SoM)</td>
<td>means a person appointed by a local supervising authority to exercise supervision over midwives practising in its area in accordance with Rule 8 of the Nursing and Midwifery Council Midwives Rules and Standards (2013)</td>
</tr>
<tr>
<td>LSA</td>
<td>Local Supervising Authority</td>
</tr>
<tr>
<td>LSAMO</td>
<td>Local Supervising Authority Midwifery Officer</td>
</tr>
<tr>
<td>ITP</td>
<td>Intention to Practice form</td>
</tr>
<tr>
<td>NoP</td>
<td>Notification of Practice form</td>
</tr>
</tbody>
</table>

3. PURPOSE

The aim of this document is to describe the role of the SoM and detail local specific work of the SoM Team.

4. ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOGG</td>
<td>Ultimate responsibility for this document</td>
</tr>
<tr>
<td>Supervisor of Midwives Team</td>
<td>Responsible for the maintenance and review of the document</td>
</tr>
<tr>
<td>Supervisor of Midwives Team</td>
<td>Responsible for monitoring of compliance of the document</td>
</tr>
<tr>
<td>Individual SoM</td>
<td>Responsible to carry out the function and role of the SoM as detailed in the Midwives Rules and Standards (NMC 2013)</td>
</tr>
<tr>
<td></td>
<td>To act within accordance with the local SoM role as detailed in this policy</td>
</tr>
<tr>
<td></td>
<td>To meet with supervisee at least once per year, receive ITPs</td>
</tr>
<tr>
<td></td>
<td>Contribute to a 24 hour a day SoM on-call</td>
</tr>
<tr>
<td></td>
<td>Notify any concerns in regard to practise to the LSAMO &amp; NMC</td>
</tr>
<tr>
<td>Midwives</td>
<td>Responsible to meet with SoM at least once per year</td>
</tr>
<tr>
<td></td>
<td>Notify intention to practice annually</td>
</tr>
</tbody>
</table>
5. **ALLOCATION OF SUPERVISOR OF MIDWIVES**

When a midwife joins GHNHSFT a SoM will be allocated from the current available SoMs with less than the recommended 1:15 ratio. The new midwife will be notified in her joining pack and will be expected to access her SoM upon joining to submit her Intention to Practice (ITP).

Midwives are entitled to request a change in SoM at any time providing the new SoM agrees to the move and has capacity within her list. Any changes must be notified to the SoM Administrator who will update the local SoM database.

6. **SUPERVISOR OF MIDWIVES ON-CALL ROTA**

A supervisor is available during the 24 hour period. During week days, cover is provided by Supervisors on duty/working. For out of hours cover, there is a rota prepared monthly. The rota has details of clinical Supervisors on night duty and those on call. The on call period is from 17-00 hrs to 08-00 hrs (week days) and 08-00 until 08-00 during weekends.

The master on-call rota is maintained on delivery suite and with the main hospital switchboard. Midwives or women wishing to access a SoM telephone the delivery suite to ascertain who is available on-call for that 24 hour period. In the first instance the Supervisor on duty should be contacted (if there is someone working clinically). If there is no one available or that midwife is unable to be freed up to deal with an issue, the on call supervisor will be contacted.

Individual SoMs are responsible for notifying the switchboard and delivery suite of any amendments, changes or swaps to the on-call rota. A text message service is available for SoMs for additional support from SoMs not on call if needed.

If a SoM is called to support midwives in times of high activity and escalation awareness of the midwives competence and ensuring all midwives called to support during this time are allocated to a place of work suitable for their competence and feel supported, fit and safe to practise. The SoM will ensure all midwives feel support and safe during times of escalation and if necessary will arrange a de-brief afterwards.

7. **SUPERVISOR OF MIDWIVES MEETINGS**

The SoM team meet monthly on the third Thursday of every month. All SoMs are expected to attend a minimum of 9 meetings per year and contribute to the ongoing work plan and collation of evidence for the LSA Annual Audit Visit.

Prior to each meeting an agenda is prepared by the SoM administrator and circulated, all pre-meeting material is available to read in the SoM folder on the shared drive, for which all SoMs have access rights. The expectation is that SoMs read the material and pass comment at the meeting.

The SoM team is a non – hierarchical group and as such 6 month rotation of chair person takes place as determined by the pre-organised rota. If the Chairperson is unable to make the meeting it is her responsibility to find a substitute chair for that meeting.

The SoM meeting agenda is prepared in advance with time frames allocated to each item on the agenda, the chair person is responsible for moving discussion forward and ensuring discussion relates primarily to Supervisory issues. At times the Supervisory Team may need to discuss confidential items
and the chair person will ensure the minutes do not disclose any confidential information and that any non – supervisors present leave during the confidential discussions.

8. WOMEN ACCESSING SUPERVISORS

8.1 Women Accessing Supervisors Of Midwives

All women who wish to have information regarding Supervision of Midwifery, its functions and responsibilities to child bearing women can access information from Nursing and Midwifery Council (NMC)

There is a brief description of the role of SOM within the maternity hand held notes. Women are able to access a SOM 24 hours a day via the hospital switchboard on 0300 4222222. There are also details on the hospital website and links to Supervisors via e mail

8.2 Women with Complex Care Needs Planning to Birth in a Midwifery Led Environment (Home or Birth Unit)

At times a woman may decide not to accept the advice of Midwives and Obstetricians and request care outside of the locally evidence based guidelines. The named midwife may access her named SoM or the SoM on-call for further and advice and guidance. Alternatively the woman may access a SoM via the on-call rota and process for contacting a SoM, described in section 6.

The SoM may then arrange to discuss her care needs and requests, explain in detail the National and Local guideline recommendations and formulate a plan of care with the woman, this is filed in her hand held records and the main maternity health records file. Sample templates for these discussions are available to all SoMs to ensure consistency of information given.

9. ANNUAL SoM REVIEW

Every year each midwife should arrange to meet with their named SoM for the annual review meeting. This meeting is an opportunity to access support and guidance with professional and career needs. To ensure safety and competence and that the requisite hours, continuous professional development and mandatory training have been accomplished. The named SoM will share any local information and learning, support reflection on midwifery practise and documentation standards. Following the review the action plan is entered onto the LSA database. Attendance for the annual review provides assurance of continuing competence and enables the SoM to enter the ITP annually.

10. INTENTION TO PRACTICE

In order for a midwife to practise she must have an annual ITP entered onto the LSA database.

Any new midwife joining the Trust must access a SoM; preferably her named SoM to ensure this is uploaded prior to commencing clinical practice.

Existing midwives must present their ITP to their named SoM in a timely manner in order for this to be uploaded onto the LSA database enabling the midwife to continue to practise.

ITPs will not be entered unless there is a valid annual review in place.

11. SoM INVESTIGATIONS and INCIDENT INVESTIGATION

When a midwife’s fitness to practice is called to attention due to practice concerns; the SoM team may decide/be directed to initiate a Supervisory investigation. The LSA provides a comprehensive process to follow and guidance is provided by the LSAMO throughout the process. The midwives named SoM will provide support during any investigatory process.
Concerns may be raised about a midwife’s fitness to practice in a number of ways:

- by any member if the health care professional team
- if a serious incident identifies areas of poor practice
- if a woman complains about a midwife’s fitness to practice, either internally or by notification to the NMC directly

Supervisors of Midwives play an active role in supporting midwives involved in clinical incidents. A Supervisor of Midwives will attend maternity risk management meetings and complete a decision making tool where any issues have been identified.

Supervisors of Midwives will ensure SoM network is updated on risk management issues through SoM meetings and supervisory meetings with supervisees.

The SoM team will review each case utilising the LSAMO Guideline and Decision making tool (see the LSAMO Forum website). If an investigation is recommended the next SoM on the list will be asked to review the case in detail, following the LSAMO process and guidance. The Lead SoM will be offered support by a SoM who has undertaken an investigation before.

Investigations should be completed within 60 days. Where an investigation is delayed for external reasons, the LSAMO forum UK ‘Freezing the timeline Guidance’ should be followed.

12. **DRUG ERROR INVESTIGATORY PROCESS** [AC1]

Drug errors will be identified via the Datix reporting system, the SoM team will review the error in line with Trust POPAM policies and NMC standards for medication. The error will be considered in this context along with the LSA decision making tool, guideline. The named SoM will be informed of any reported errors.

For the first drug error the midwife will undertake a reflective exercise and utilise the Medication Administration/Management Tool for Midwives ([RD1](#)).

For the 2nd second drug error the midwife will undertake a reflective exercise and utilise the Medication Administration/Management Tool for Midwives ([RD1](#)) and ensure the Trust process is followed using the medication error booklet.

Any subsequent errors will be dealt with according to Trust process.

13. **SUPERVISEES SEEKING ADVICE FROM THEIR SUPERVISOR**

Individual SoMs will notify supervisees of the best way to make contact with named SoMs. Access to the named SoM is available during working hours. Outside of working hours utilise the on-call system. The SoM will provide as much support and guidance as possible and will seek further advice if she feels it necessary to enhance that support. The [Local Supervising Authority Midwifery Officers forum](#) offers guidance to help a SoM in her role.

There may be many reason for the named SoM to be contacted some examples are:

- Following a serious incident
- Following a period of extended leave
- To initiate an annual review
- To submit an ITP
- To request additional support and guidance
- For advice relating to a complex case
- To discuss caring for friends or family. LSAMO Forum website

This list is not exhaustive.
15. **MONITORING OF COMPLIANCE**

<table>
<thead>
<tr>
<th>Criteria (objective to be measured)</th>
<th>Monitoring methodology</th>
<th>Lead responsible</th>
<th>Timescales</th>
<th>Reporting arrangements</th>
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<tbody>
<tr>
<td>SoM work</td>
<td>Annual SoM Audit visit by LSAMO</td>
<td>Supervisor of Midwives Team</td>
<td>Annual</td>
<td>LSAMO</td>
</tr>
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16. **REFERENCES**

LSAMO National Forum (UK) 2009 Modern Supervision in Action

NMC (2012) *Midwives rules and standards*
**EQUALITY IMPACT ASSESSMENT**  
**INITIAL SCREENING**

1. **Lead Name:** Cleo Pearson  
   **Job Title:** Lead Midwife and Supervisor of Midwives

2. **Is this a new or existing policy, service strategy, procedure or function?**  
   **NEW**

3. **Who is the policy/service strategy, procedure or function aimed at?**  
   **Patients X**  
   **Staff X**

4. **Are any of the following groups adversely affected by this policy:**  
   If yes is this high, medium or low impact (see attached notes):
   - **Disabled people:** No [x] Yes ___
   - **Race, ethnicity & nationality:** No [x] Yes ___
   - **Male/Female/transgender:** No [x] Yes ___
   - **Age, young or older people:** No [x] Yes ___
   - **Sexual orientation:** No [x] Yes ___
   - **Religion, belief & faith:** No [x] Yes ___

   If the answer is yes to any of these proceed to full assessment.  
   If the answer is no to all categories, the assessment is now complete.

   **Date of assessment:** 17.10.2014  
   **Completed by:** E.Sonmezer  
   **Job title:** PDM  
   **Signature:**  
   **Director:**  
   **Signature:**

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This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIA’s are completed in accordance with this procedure.
### DOCUMENT PROFILE

<table>
<thead>
<tr>
<th>REFERENCE NUMBER</th>
<th>B0691</th>
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<tbody>
<tr>
<td>CATEGORY</td>
<td>Non-Clinical</td>
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<tr>
<td>VERSION</td>
<td>1.2</td>
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<tr>
<td>SPONSOR</td>
<td>Vivien Mortimore Head of Midwifery / Supervisor of Midwives</td>
</tr>
<tr>
<td>AUTHOR</td>
<td>Cleo Pearson, Kirsty Davis, Supervisor of Midwives</td>
</tr>
<tr>
<td>ISSUE DATE</td>
<td>12/2016</td>
</tr>
<tr>
<td>REVIEW DATE</td>
<td>November 2017</td>
</tr>
<tr>
<td>ASSURING GROUP</td>
<td>Gloucestershire Obstetric Guidelines Group (GOGG)</td>
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<td>APPROVING GROUP</td>
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| APPROVAL DETAILS| 7th October 2014 pt 2.6 - GOGG  
7th July 2015 pt 3.3 -GOGG  
December 2016 GOGG |
| EQUALITY IMPACT ASSESSMENT | 17.10.2014 |
| CONSULTEES       | Supervisor of midwives team |
| DISSEMINATION DETAILS | Upload to Policy Site; global email; cascaded via divisions newsletter, bi-monthly update flyer, team talk |
| KEYWORDS         | Supervisor of midwives, SoM |
| RELATED TRUST DOCUMENTS | AC1 |
| OTHER RELEVANT DOCUMENTS | Antenatal care A2002 7.9.1 |
| EXTERNAL COMPLIANCE STANDARDS AND/OR LEGISLATION | • Nursing and Midwifery Council Standards and Guidelines  
• Local Supervising Authority Guidelines |